



MEDICAL BOARD OF CALIFORNIA

Licensing Program



APPLICATION INFORMATION FOR A LIMITED PRACTICE LICENSE

LIMITED PRACTICE LICENSE

- California Code of Regulations (CCR), Sections 1315.50, 1315.53 and 1315.55 of Title 16, authorize the Board to issue a limited practice license to an applicant who otherwise is eligible for licensure in California, but is unable to practice all aspects of medicine safely due to a disability.

GENERAL APPLICATION INFORMATION

- You will be required to submit the application, supporting documents, and fees that are required to obtain a Physician's and Surgeon's license. Please refer to our Web site to obtain the appropriate application materials.

ADDITIONAL ITEMS REQUIRED FOR THE LIMITED PRACTICE LICENSE

- Complete the *Limited Practice License, Form LPL*, to elect to apply for the Limited Practice License. This form is to advise the Board that you wish to apply for the Limited Practice License and consent to sign an agreement to abide by the practice limitations indicated in the independent clinical evaluation and any further conditions or terms set forth by the Board.
- A clinical evaluation must be performed by a physician who specializes in the diagnosis and/or treatment of disabilities of the same nature as your disability and is familiar with your area of medical practice. The reviewing physician must have a current valid California license with no history of discipline. The reviewing physician must not have any personal, professional, business, or social relationship with you.

Per CCR, Section 1315.55, the reviewing physician must include the following contents in the clinical evaluation:

- (1) Be on the reviewing physician's letterhead, dated, and signed under penalty of perjury, and shall contain the original signature of the reviewing physician.
- (2) Describe how the reviewer meets the criteria set forth in section 1315.53.
- (3) Include the applicant's name and the diagnosis or description of the applicant's disability.
- (4) Describe all recommended practice limitations and how those limitations permit the applicant to practice medicine safely.
- (5) Provide suggested intervals between evaluations, if the disability is caused by a disease that will progress or fluctuate in severity.
- (6) Indicate whether the evaluation included a review of the applicant's medical records related to the disability.
- (7) Describe the current treatment protocol and the applicant's compliance with that treatment protocol, if appropriate for the type of disability.

The evaluation shall have occurred not more than sixty (60) days from the date on which the application was filed with the board.



The Seal of the State of California is a circular emblem. It features a central figure, Minerva, seated and holding a grizzly bear. The word "EUREKA" is inscribed at the top, and "CALIFORNIA" is at the bottom. The outer ring of the seal contains the text "THE GREAT SEAL OF THE STATE OF".

Check one: ☐ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

APPLICANT INFORMATION			MBC Use Only
Type or Print Legibly NAME: Last First Middle			Personal Data <input type="checkbox"/> Signature and Date <input type="checkbox"/>
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation	
	XXX - XX - ____ _		
AGREEMENT			
<p>I, _____ , hereby apply for (Print full name – first, middle, last)</p> <p>a Limited Practice License and agree to abide by the practice limitations indicated in the independent clinical evaluation and any further conditions or terms set by the Medical Board of California.</p> <p>SIGNATURE: _____ DATE: _____ (Please sign full name)</p>			